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PECOPD Do							Application or Docket Number 10740201		Filing Date: 12/18/2003			To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY														
FOR			(Column 1) NUMBER FILED		(Column 2)			RATE (\$)	FEE (\$)	OR	RATE (_	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A					N/A	. == (+)	Í	N/A	•,	(0)	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A			
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A			
TOTAL CLAIMS (37 CFR 1.16(i))				minus 20 =	*			X \$25 =		OR	X \$50 =	-	_	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3 =	*			X \$100 =		1	X \$200 =			
If the specification and drawings 100 sheets of paper, the application and drawings 100 sheets of paper, the application and 300 sheets of paper, the application and 400 sheets of paper, the applicatio						ize on								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								+ \$180		l	+\$360	_		
* If the difference in column 1 is less than zero, enter "0" in column 2.											TOTAL	-		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A	10/02/06	CLAIMS REMAININ AFTER AMENDMEN	PREVIOUS		R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ME	Total (37 CFR 1.16(i))	• 43	Minus	** 43	= 0		ſ	X \$25 =		OR	X \$50=		0	
	Independent (37 CFR 1.18(h))	* 5	Minus	** 5	= 0			X \$100 =		OR	X \$200=	=	0	
AM	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							TOTAL		OR	TOTAL	_		
TOTAL ADD'L FEE										OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	1	HIGHES' NUMBER PREVIOUS PAID FOI	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (S	\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**	=			X \$25 =		OR	X \$50 =			
	Independent (37 CFR 1.16(h))	*	Minus	**	=			X \$100 =		OR	X \$200			
AM	Application Size Fee (37 CFR 1.16(s))						J							
	FIRST PRESE	ENTATION OF M	ULTIPLE DEPE	NDENT CLAIM (37 CFR 1.16(j))			1	TOTAL		OR	TOTAL	_		
CALCULATE								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
** If th *** If t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.